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Complete if Known Substitute for form 1449A/PTO **Application Number** 10/544,231 INFORMATION DISCLOSURE **Filing Date** 08-02-05 STATEMENT BY APPLICANT Toshiyuki Fujine First Named Inventor Art Unit 2629 (Use as many sheets as necessary) Examiner Name Calvin Ma 1248-0799PUS1 Attorney Docket Number Sheet 1 of 4

			U.S. P	ATENT DOCUMENTS		
Examiner initial *	Cite No. 1	Document Number  Number - Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Date /Calvin Ma/ 11/04/2010 Signature Considered

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